

**DECLARATION REGARDING TRANSFER OF RESOURCES  
LONG-TERM CARE MEDICAID WAIVER PROGRAMS**

Care Manager: Complete this form at application or at review and send it to your Economic Support Unit for evaluation of a possible divestment when a Group A (SSI, SSI-E, 1619, Katie Beckett) participant / applicant answers "Yes" to either one of the questions below.

Name - Applicant / Participant: \_\_\_\_\_

Participant Medicaid Number: \_\_\_\_\_

**Yes**   **No**

- ☐   ☐   1.   Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past 36 months?
- ☐   ☐   2.   Except for exempt burial trusts, have you or your spouse created a trust, or have you added funds to a trust within the last five years?

If you answered "Yes" to either question, complete the chart below.

	Items(s) Transferred	Type of Trust Established (If funds were added to trust, so indicate)	Approximate Value	Transfer Date, or Date Trust was Established, or Date Funds Were Added to Trust (mm/dd/yyyy)	Name of Person to Which Property Was Transferred and His / Her Relationship to the Applicant / Participant
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		
6.			\$		
7.			\$		
8.			\$		

\_\_\_\_\_  
**SIGNATURE** - Participant

\_\_\_\_\_  
Today's Date

**Note: Record any additional transfers or trust establishments on another form DDE-919D.**